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PATENT APPLICATION ? Attorney's Do. No. 5038-49 Intel #P8761



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

EXPRESS MAIL MAILING LABEL NO. EL432978200US DATE OF DEPOSIT: DECEMBER 29, 2000							
I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C.							
20231.							
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(SENDER'S PRINTED NAME) LSIGNATURE)							
Box Patent Application Assistant Commissioner for Patents Washington, D.C. 20231							
Enclosed for filing is a patent application under 37 CFR 1.53(b) of: Inventors: Roland MORLEY; Robert SUNDAHL; Dan SELIGSON							
inventors. Related World 1, Reserve 5014574111, Dan St. Block							
For: FLAT PANEL COLOR DISPLAY WITH ENHANCED BRIGHTNESS AND PREFERENTIAL VIEWING ANGLES							
[If continuing application] This application is a [] continuation, [] divisional, [] continuation-in-part of prior application Serial No, filed							
Enclosures: [X]Specification (pages 1-7); claims (pages 8-10); abstract (page 11) [X]4 (four) sheets of drawings [X]Unsigned Declaration or Combined Declaration and Power of Attorney [] Newly executed (original or copy) [] Copy from a prior application (37 CFR 1.63(d)) [] Incorporation by ReferenceThe entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference							

LJ	Deletion of inventors (signed statement attached deleting inventor(s) named in the prior
	application (37 CFR 1.63(d)(2) and 1.33(b)
[]	Power of Attorney
[]	Assignment with cover sheet
[]	Certified copy of priority document:
[]	Information Disclosure Statement with Form PTO 1449
[]	Copies of references listed on attached Form PTO-1449
[]	Preliminary Amendment
ſÌ	Change of Address

<u>CLAIMS AS FILED</u>							
For	Number Filed	Number Extra	Rate	Basic Fee \$690.00			
Total Claims	19-20	0	x \$ 18 =	0.00			
Independent Claims	3-3	1	x \$ 78 =	0.00			
Multiple Dependent Claim Fee			x \$260 =	0.00			
TOTAL FILING FEE			L	\$690.00			

Customer No. 20575

Respectfully submitted,

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